



## APPLICATION FORM

Please mail or fax completed form to:  
Seminole County Manager's Office  
1101 E. First Street, Sanford, FL 32771  
Fax: 407-665-7958  
[www.seminolecountyfl.gov/citizensacademy](http://www.seminolecountyfl.gov/citizensacademy)

PLEASE PRINT

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

The following information develops a background file for each individual desiring to participate in the Academy. This information will be utilized by the County staff involved in this program to enable them to readily become familiar with each participant's history and expectations of the program.

**PERSONAL HISTORY:** Please tell us about yourself, your interests, accomplishments, community involvement and activities. \_\_\_\_\_  
\_\_\_\_\_

**GOVERNMENTAL EXPERIENCE:** Please tell us about any governmental experience you may have. \_\_\_\_\_  
\_\_\_\_\_

**RESIDENCY/BUSINESS OWNER:** Are you a full-time resident of Seminole County? Yes ☐ No ☐  
Do you own a business in Seminole County? Yes ☐ No ☐  
What do you like most about Seminole County? \_\_\_\_\_  
\_\_\_\_\_

**ACADEMY PROGRAM:** What are your reasons for wanting to attend the Citizens' Academy and what are your expectations from this program? \_\_\_\_\_  
\_\_\_\_\_

How do you anticipate using the information gained from this program? \_\_\_\_\_  
\_\_\_\_\_

Can you commit to attend all of the sessions? Yes ☐ No ☐ If no, please explain. \_\_\_\_\_  
\_\_\_\_\_

Please indicate your first and second choice of sessions from the session schedule:

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

**APPLICATION SUBMISSION:** Please accept my application to become a candidate for the Citizens' Academy program. I hereby give my permission for Seminole County to use, with no remuneration, any still or video photography in which I may appear for Seminole County public relations purposes.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicants with disabilities needing assistance to participate in this program should contact the Seminole County ADA Coordinator at 407-665-7941 at least 48 hours before the start of the program.